

**KNOXVILLE/KNOX COUNTY CAC**  
**Contractor Questionnaire for Placement on Approved Contractor Registry**

**I. Company Name:** \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Company is a: ( ) Person ( ) Partnership ( ) Corporation E-mail Address \_\_\_\_\_

**II. Owner(s):**

A. Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_  
 Tennessee Driver License # \_\_\_\_\_ Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

B. Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_  
 Tennessee Driver License # \_\_\_\_\_ Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

If more than two, please list on separate sheet.

**III. Company Information:**

Number Years in Business as a Contractor \_\_\_\_\_  
 City of Knoxville License **Please submit copy** TN State License **Please submit copy**  
 Tax ID # \_\_\_\_\_ SS # \_\_\_\_\_  
 Knoxville City Business Tax License **Please submit copy**  
 Knox County Business Tax License **Please submit copy**

**IV. Section 3 Certification: Please fill out attached sheet and submit with application**

**V. Insurance Coverage: Submit a copy of insurance binder with this questionnaire listing CAC as additional insured.**

**VI. Materials Suppliers where you have active accounts:**

COMPANY	PHONE	ADDRESS	CONTACT	MATERIAL TYPES

**VII. Subcontractors:**

TRADE	COMPANY	CONTACT PERSON	LICENSE #	PHONE NUMBERS
ELECTRICAL				
PLUMBING				
MECHANICAL				
CARPENTRY				

**VIII. List three customers:** for whom you have completed residential remodeling or weatherization work in the Knoxville area during the past year. These jobs must reflect your capability in performing complete housing rehabilitation and/or weatherization work.

- A. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Type of Job \_\_\_\_\_ Date Completed \_\_\_\_\_
- B. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Type of Job \_\_\_\_\_ Date Completed \_\_\_\_\_
- C. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Type of Job \_\_\_\_\_ Date Completed \_\_\_\_\_

**IX. Answer the Following:**

How many employees do you have currently? \_\_\_\_\_

Are you presently employed by, or have you been employed by, Knoxville-Knox County CAC within the past year:

Yes \_\_\_\_\_ No \_\_\_\_\_

Are any of your current employees employed by, or been employed by, Knoxville-Knox County CAC within the past year: Yes \_\_\_\_\_ No \_\_\_\_\_

**X. Is your business a: (Please check all that apply)**

- Small Business (SB)**
- Small Minority Business (Small Disadvantaged Business) SDB**
- Small Woman-Owned Business (WOSB)**
- HUB Zone Small Business (HUBZone SB) \*Empowerment Zone**
- Small Veteran-Owned Business (VOSB)**
- Small Service-Disabled Veteran-Owned Business (SDVOSB)**
- Valley Business (VB) (If your business is based out of Tennessee it is a Valley Business)**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT - READ BEFORE SIGNING**

I (we) certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my (our) knowledge and belief. I (we) hereby authorize Knoxville-Knox County CAC to verify any and all information listed on this application. I (we) also understand that providing false or incomplete information voids any existing contract with CAC and leads to disqualification from CAC's Registry for 6 months. Reinstatement requires documentation that problems leading to removal have been resolved.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Return Contractor Questionnaire and Attachments to:

Knoxville/Knox County CAC  
P.O. Box 51650  
Knoxville, TN 37950  
Attn: Jason Estes